

**Quality Assurance and Improvement Outcomes and Indicators  
Day and Residential Services  
Individual Review**

**Domain 2. Individual Planning and Implementation**

| Outcome 2A. The person's plan reflects his or her unique needs, expressed preferences and decisions.   |  |   |          |
|--|--|---|----------|
| Indicators   | Results  | Guidance  | Comments |
| 2.A.1. The person and family members report they are active participants in developing the plan to the extent they desire.   | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and /or other review activities as needed to determine if the provider supports the person's and/or family's involvement</u><br><br>Provider Manual Reference:<br>2.5.c.; 3.12.d.   |          |
| *2.A.4. Current and appropriate assessments of the person's abilities, needs and desires for the future are used in developing the plan.<br><br>Note: Issues related to the Risk Issues Identification Tool are addressed at Outcome 2.C.. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | The entity that writes an ISP has ultimate responsibilities in this area.<br><br>The provider actively participates in the information gathering process.<br><br>Provider Manual Reference: 3.4.; 3.5.; 3.6.b.; 3.6.c.; 3.7.b.; 3.11.d.; 3.12.d.; 3.15.; 3.19.; 10.3.a. |          |

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### Outcome 2B. Services and supports are provided according to the person's plan.

| Indicators  | Results  | Guidance  | Comments |
|---|--|---|----------|
| *2.B.2. The person's plan is implemented in a timely manner.                | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as needed</u><br><br>Services, plans and programs are developed and implemented according to time frames identified in the person's ISP (or there is documentation to support the extension of a timeframe and the need to update this in the ISP).<br><br>Provider Manual Reference: 3.10.e.; 3.17.   | .        |
| *2.B.3. The person receives services and supports as specified in the plan. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | Services are consistently provided in a timely fashion, and in the approved amount, frequency, intensity and duration identified in the person's Individual Support Plan.<br><br>Discrepancies in approved hours versus delivered hours are identified and explained.<br><br>Recommendations are made as needed to reduce discrepancies.<br><br>Provider Manual Reference: 3.17.; 3.17.a.; 6.11.; 9.8.; 9.8.a.; 9.8.b.; 10.4.; 10.4.d.; 11.2.c. |          |
| *2.B.4. Provider staff are knowledgeable about the person's plan.           | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | The provider ensures that there is a copy of the current ISP located in the day and residential record and staff have access.<br><br>Provider staff have received training specific to the person's individual needs, interventions and programs and are  |          |

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|   |  | <p>knowledgeable about any responsibilities they have to carry out related to activities identified in the plan.</p> <p>If the person is receiving services from the school system, staff should be knowledgeable about his or her school services.</p> <p><u>Staff Interview and/or other review activities as needed.</u></p> <p>Provider Manual Reference: 3.17.; 6.11.; 7.2.b.</p> |          |
|---|--|--|----------|
| *2.B.5. Provider documents provision of services and supports in accordance with the plan.    | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>Ongoing documentation shows the provider's efforts to implement services and supports in accordance with the person's plan. Documentation is completed and maintained per DMRS provider manual.</p> <p>Provider Manual Reference: 3.17.; 3.17.a.; 6.11.; 8.7.a. 1-7); 9.14.; 10.6.; 12.3.e. 3) – 4) &amp; 6)</p>  |          |
| <b>Outcome 2C. Individual risk is assessed and adequate, timely intervention is provided.</b> |  |  |          |
| Indicators  | Results  | Guidance   | Comments |
| 2.C.1. Individual risk (e.g., physical, behavioral) is assessed.                              | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>The provider completes the Risk Issues Identification Tool prior to completion of the annual ISP or whenever needed to address emerging needs or amend current support and interventions.</p> <p>Provider Manual Reference: 3.9.; 3.12.b.</p>   |          |
| *2.C.2. Supports and interventions address individual risk issues.                            | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>Supports and interventions relating to risks are carried out.</p> <p>Provider Manual Reference: 3.9.; 3.9.a.-d.</p>   |          |

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| *2.C.4. Provider staff report an understanding of and can accurately describe the assessed risk and the supports and interventions to be implemented. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Staff Interview and/or other review activities as needed</u><br><br>Staff assist with the identification of areas of risk related to the people with whom they work and take action to communicate those risks.<br><br>Staff understand the risk identification process and their responsibilities and have an understanding of potential risk factors and their implications.<br><br>Staff are familiar with the specific supports and interventions to be implemented for the person served.<br><br>Provider Manual Reference: 3.9.; 6.11.; 7.2.b. |  |
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### Outcome 2D. The person's plan and services are monitored for continued appropriateness and revised as needed.

| Indicators   | Results  | Guidance   | Comments |
|--|--|--|----------|
| 2.D.1. The person and family members report they are active participants in revising the plan. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as needed</u><br><br>When applicable, assistance is provided to the individual or family to revise the plan.<br><br>Provider Manual Reference: 2.5.c.; 3.12.d.  |          |
| *2.D.6. Provider documentation indicates appropriate monitoring of the plan's implementation.  | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | The monthly review includes:<br>1. The name of the service recipient;<br>2. The dates of services provided;<br>3. The service recipient's response to the service;<br>4. A description of any staff training or changes in written staff instructions intended to alter the provision of direct support services since the |          |

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|  |   | <p>previous month including the reasons such alterations were made;</p> <p>5. Any recommendations for changes to the ISP;</p> <p>6. Any significant health-related or medical events occurring since the last review; and</p> <p>7. The signature and title of the person completing the monthly review, with the date the monthly review was completed.</p> <p>Provider Manual Reference: 3.18.; 3.18.a. 1-7); 10.6.c.</p>   |  |
| 2.D.7. The provider informs the ISC of emerging risk issues or other indicators of need for revision to the individual plan. | <p><b>Y</b> <input type="checkbox"/></p> <p><b>N</b> <input type="checkbox"/></p> <p><b>NA</b> <input type="checkbox"/></p> <p><b>IJ</b> <input type="checkbox"/></p> | <p>Documentation reflects when there are issues that may impact the continued implementation or appropriateness of an ISP or specific outcome, or when there is a need for a periodic review of the ISP, provider staff notify the appropriate persons and provide all needed information and follow the issue to resolution.</p> <p>The service provider ensures that a copy of its agency's monthly review is distributed to the ISC by the 20th calendar day following the month for which the review was completed.</p> <p>Provider Manual Reference: 3.6.b.; 3.8.; 3.9.c.; 3.18.; 3.18.a.; 10.6.c. ; 11.2.d. 17)</p> |  |

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**Domain 3. Safety and Security**

| Outcome 3A: Where the person lives and works is safe.  |  |  |          |
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| Indicators   | Results  | Guidance   | Comments |
| 3.A.1. The person and family members report they feel safe in their home and community.  | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as needed</u><br><br>The person reports feeling safe and secure in all of his/her environments.   |          |
| 3.A.2. The person and family members report no environmental safety issues.  | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as needed</u>   |          |
| 3.A.3. Provider responds to emergencies in a timely manner.  | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | Provider documentation indicates appropriate action is taken in a timely manner when emergencies occur.<br><br>Provider Manual Reference: 7.1.   |          |
| 3.A.4. Provider staff report that the system for obtaining back-up or emergency staff is working.                              | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Staff Interview</u><br><br>Staff demonstrate that emergency procedures and phone numbers are readily available.<br><br>Provider Manual Reference: 6.8.; 9.8.a. 4); 10.4.d.  |          |
| *3.A.5. Providers assess and reassess the home and work environment regarding personal safety and environmental safety issues. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | The staffing plan is present and followed.<br><br>There are no apparent safety issues in the home or work environment. This includes any day services that the person is receiving.<br><br>Hazardous cleaning supplies or chemicals are stored securely and separately from food and medication. |          |

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|   |  | <p>The home/program site and yard are free of any hazardous situation/conditions and are accessible for the person.</p> <p>The home has inside and outside lighting that works.</p> <p>Windows in the bedroom are intact and functional. The person's bedroom door opens and closes properly.</p> <p>Adaptive equipment, if needed, is accessible and in good working order.</p> <p>Multiple means of egress are accessible and without barriers.</p> <p>Smoke detectors are installed and operable.</p> <p>Fire extinguishers are present in the home and work site and are operable.</p> <p>The provider maintains a first aid kit in each residence with adequate supplies.</p> <p>Fire drills must be held and documented.</p> <p>Provider Manual Reference: 9.5.a.; 9.8.; 9.11.a.; 9.11.c.; 10.4.b., c.; 10.4.d.; 11.10.a.</p> |  |
| *3.A.6. Providers resolve safety issues in a timely manner. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>Actions are taken to communicate and rectify any individual safety issues or problems identified.</p> <p>Provider documentation indicates actions are taken and resolution occurs in a timely manner when safety issues are identified.</p> <p>Provider Manual Reference: 19.11.a. 1)</p>  |  |

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| *3.A.7. Providers use a system of inspection and maintenance of vehicles used for transport. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>Vehicles used for the person's transportation are well maintained and safe in accordance with the agency's system of inspection and maintenance.</p> <p>First-aid kits are available in all vehicles.</p> <p>Provider Manual Reference: 11.10.a.; 16.5.b.</p> |  |
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### Outcome 3B. The person has a sanitary and comfortable living arrangement.

| Indicators  | Results  | Guidance  | Comments |
|---|--|---|----------|
| *3.B.1. The person's place of residence and work/day site are well maintained and provide a sanitary and comfortable environment. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>The provider supports individuals in making decisions about their home, including how the home is decorated and furnished. These decisions are made known to service providers who support people in their homes.</p> <p>The home is comparable to others located in the same neighborhood (standards of lawn care, vehicle parking, etc.).</p> <p>The interior and exterior of the home/program site is in good condition. Furnishings are adequate and in good condition.</p> <p>Heating and cooling systems achieve desirable temperatures (68 – 78 degrees or as desired or needed by the person served).</p> <p>The home/program is neat, clean and odor-free.</p> <p>Provider Manual Reference: 6.5. 8); 6.6.f. 7)</p> |          |



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### Outcome 3C. Safeguards are in place to protect the person from harm.

| Indicators   | Results  | Guidance   | Comments |
|--|--|--|----------|
| 3.C.1. The person and family members report they understand the reporting system for reportable incidents and know what to expect when a report has been made. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as needed</u><br><br>The person knows what to do if someone mistreats him/her or fails to provide needed assistance to him/her (or is supported as needed to respond to these issues).  |          |
| 3.C.2. The person and family members report they feel that they can report incidents without fear of retaliation.  | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as needed</u>   |          |
| *3.C.5. Provider staff are knowledgeable about the protection from harm policies and procedures.   | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Interview</u><br><br>For all settings in which they work, staff are able to locate available incident reporting documents and are knowledgeable about protection from harm policies and procedures.<br><br>Staff know how to access the State Investigator contact number and are knowledgeable about how to identify and report instances of suspected abuse, neglect or exploitation.<br><br>Provider Manual Reference: 18.4.a. |          |
| 3.C.7. Provider staff report feeling safe to report incidents without fear of retaliation.   | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual (Staff) Interview</u>  |          |

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| <p>*3.C.10. The provider reports incidents as required by DMRS, including following timeframes and directing the report to the appropriate party.</p> | <p>Y <input type="checkbox"/><br/> N <input type="checkbox"/><br/> NA <input type="checkbox"/><br/> IJ <input type="checkbox"/></p> | <p>Individual documentation and interview(s) indicate timely and appropriate reporting.</p> <p>Provider Manual Reference: Table 18.4.; 18.4.</p>   |  |
| <p>*3.C.13. Medication variances are reported and addressed in a timely manner.</p>   | <p>Y <input type="checkbox"/><br/> N <input type="checkbox"/><br/> NA <input type="checkbox"/><br/> IJ <input type="checkbox"/></p> | <p>Medication variances are effectively detected, responded to, and reported per agency and DMRS policy and procedures.</p> <p>Provider Manual Reference: 11.8.; 18.4.b. 4); DMRS Medication Training, 139-140</p> |  |

## Domain 4. Rights, Respect and Dignity

### Outcome 4A. The person is valued, respected and treated with dignity.

| Indicators  | Results  | Guidance  | Comments |
|---|--|---|----------|
| 4.A.1. The person and family members report that the person is valued, respected, and treated with dignity.               | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br><u>Direct Observation</u><br><br>Provider Manual Reference: 2.4.a. 1)  |          |
| 4.A.2. The person experiences positive interactions with others.  | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br><u>Direct Observation</u>  |          |
| 4.A.3. The person is recognized for his or her accomplishments.   | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | Individual Interview, observation, and/or other review activities indicate the person's accomplishments are acknowledged and, if applicable, are celebrated.  |          |
| *4.A.5. Providers demonstrate and provide supports that promote value, respect and fair treatment for persons they serve. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Direct Observation (may include review of documentation)</u><br><br>The person is referred to by name.<br><br>The person is referred to appropriately (i.e., slang terms or disability labels are not used to refer to the person).<br><br>Staff interacts with the person in a manner of mutual respect and cooperation.<br><br>The person is treated with dignity, respect |          |

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|  |  | <p>and fairness; is listened to, responded to and treated as an adult (if an adult).</p> <p>Appointments made with the person by provider staff are kept and on time, as arranged.</p> <p>Services and supports are consistently implemented in accordance with the person's current preferred lifestyle and related needs, and in a manner to increase personal independence, productivity, integration and inclusion.</p> <p>Personal information is maintained in a confidential manner.</p> <p>Provider Manual Reference: 2.4.a. 6); 2.5.a. 3); 2.6.; 2.7.a.; 2.9. 6.5. 1), 2); 6.8.</p> |  |
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### Outcome 4B. The person has a positive image in the community.

| Indicators  | Results  | Guidance  | Comments |
|---|--|---|----------|
| 4.B.1. The person has a positive image (e.g., does age appropriate activities, appearance, works and lives in typical settings) in the community. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p><u>Individual Interview and/or other review activities as indicated</u></p> <p><u>Direct Observation</u></p> <p>Provider Manual Reference: 2.4.a. 6)</p> |          |
| 4.B.2. The person is described in positive, affirming ways.   | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p><u>Individual Interview and/or other review activities as indicated</u></p> <p><u>Direct Observation and Documentation Review</u></p>                    |          |

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| 4.B.3. Provider staff support people to have a positive image within the community. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br><u>Direct Observation</u><br><br>The person is supported to engage in life activities that are typical of people without disabilities.<br><br>Provider Manual Reference: 2.2.a. 5); 2.4.a 6) |  |
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### Outcome 4C. The person exercises his or her rights.

| Indicators  | Results  | Guidance   | Comments |
|---|--|--|----------|
| 4.C.1. The person and family members report they understand their rights. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br>The person and/or legal representative report he or she has been provided with understandable information regarding his/her rights as a citizen, grievance and appeal rights, rights to confidentiality, to access records, and to decide with whom to share information.<br><br>Provider Manual Reference: 2.1.; 2.2.; 2.3.; 2.4.a. 2) – 21); 2.4.c.; 2.6. |          |
| *4.C.2. The person has time, space and opportunity for privacy.           | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br>Direct Observation<br><br>The person has time, space and opportunities for privacy, including closed doors, no one entering personal space without seeking permission, access to a private telephone, visiting and grooming/dressing space, private mail.   |          |

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|   |  | <u>Record Review</u><br><br>Review of provider documentation (including staff communication notes, monthly reviews, etc.) indicates no problems with privacy.<br><br>Provider Manual Reference: 2.4.a. 13) – 16); 2.6.c.   |  |
| *4.C.3. The person is encouraged to exercise personal control and choice related to his or her own possessions. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br><u>Record Review</u><br><br>Review of provider documentation (including staff communication notes, monthly reviews, personal property inventory, etc.) indicates the person is supported to have his or her own possessions.<br><br>The provider ensures possessions are taken with the person if they move. Personal property is efficiently and effectively transferred in a timely manner to the new provider when a change of providers occurs according to TennCare and DMRS provider manual.<br><br>Provider Manual Reference: 2.4.a. 10); 6.10.f. 10); 6.10.f. 11) |  |
| *4.C.4. The person has appropriate clothing.  | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br>The person has clothing appropriate to the season and community.<br><br>The provider agency supports each person in securing an adequate supply of personally owned, individualized, clean and seasonal clothes.  |  |

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|   |   | <p>The person has appropriate clothing, including any protective clothing or gear for work, if needed. The provider works with the family/residential provider to resolve any issues related to clothing needs.</p> <p>The provider ensures the planning team is aware of any barriers or activities needed related to assisting the person with acquiring clothing.</p> |  |
| <p>*4.C.6. The person has appropriate access to his or her own funds.</p> | <p><b>Y</b> <input type="checkbox"/></p> <p><b>N</b> <input type="checkbox"/></p> <p><b>NA</b> <input type="checkbox"/></p> <p><b>IJ</b> <input type="checkbox"/></p> | <p><u>Individual Interview and/or other review activities as indicated</u></p> <p><u>Direct Observation</u></p> <p><u>Review of Provider Records</u></p> <p>The person has access to their funds in accordance with DMRS Policy P-008-A and the provider manual.</p> <p>Provider Manual Reference: 6.10.a.</p>   |  |

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| <p>*4.C.7. The person exercises his or her rights without inappropriate restriction.</p>  | <p>Y <input type="checkbox"/><br/> N <input type="checkbox"/><br/> NA <input type="checkbox"/><br/> IJ <input type="checkbox"/></p> | <p><u>Individual Interview and/or other review activities as indicated</u></p> <p><u>Direct Observation</u></p> <p>The person is appropriately supported to have basic rights and to have as much control over his/her life as possible.</p> <p>Information is not released without current consent signed by the person and/or his or her legal representative.</p> <p>Provider Manual Reference: 2.22.r., s.</p>   |  |
| <p>4.C.8. The person and family members report they know whom to contact regarding problems and concerns.</p>                           | <p>Y <input type="checkbox"/><br/> N <input type="checkbox"/><br/> NA <input type="checkbox"/><br/> IJ <input type="checkbox"/></p> | <p><u>Individual Interview and/or other review activities as indicated</u></p> <p><u>Direct Observation</u></p> <p>The person and legal representative have been provided individually appropriate information regarding how to access complaint resolution processes if complaints arise concerning his/her services, including such processes both for his/her service provider and for the Regional Office.</p> <p>Provider Manual Reference: 2.10.; 2.11.; 2.22.s.; 6.4.</p> |  |
| <p>4.C.9. The person and family members indicate that reported problems and concerns are resolved in a timely and courteous manner.</p> | <p>Y <input type="checkbox"/><br/> N <input type="checkbox"/><br/> NA <input type="checkbox"/><br/> IJ <input type="checkbox"/></p> | <p><u>Individual Interview and/or other review activities as indicated</u></p> <p><u>Direct Observation</u></p> <p>Provider Manual Reference: 2.10.; 2.11.; 6.4.</p>   |  |



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| 4.C.10. The provider assists the person in addressing needs relating to legal status.  | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br>The agency notifies the ISC if issues arise that indicate the need for change in the person's conservatorship status or competency status.<br><br>Provider Manual Reference: 2.21.   |          |
|--|--|---|----------|
| <b>Outcome 4D. Restricted interventions are imposed only with due process.</b>   |  |   |          |
| Indicators   | Results  | Guidance  | Comments |
| 4.D.2. The person and family members report that they knowingly and voluntarily gave consent to restricted interventions and have the opportunity to refuse, withdraw, or modify approval. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br>If there is any restricted intervention or psychotropic medication being used by the person, the person and his/her family and/or legal representative have received information about risks, benefits, side effects and alternatives, and have given voluntary, informed, documented consent for the use of the intervention or medication. Consents are renewed according to the DMRS provider manual.<br><br>Provider Manual Reference: 2.22. |          |
| *4.D.3. Restricted interventions are reviewed and/or approved by the Behavior Support and Human Rights Committees.   | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | Providers take collaborative and coordinated action to: <ul style="list-style-type: none"> <li>▪ Obtain Human Rights Committee review of the use of psychotropic medication(s);</li> <li>▪ Obtain Human Rights Committee review prior to the programmatic use of restricted interventions;</li> <li>▪ Review the use of psychotropic medication in accordance with the DMRS Provider manual;</li> <li>▪ Ensure Behavior Support Committee and Human Rights Committee review</li> </ul>  |          |

### Day Residential Individual Review Checklist

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|  |  | is conducted prior to implementation of behavior support plans containing restricted measures.<br><br>Provider Manual Reference: 2.22.                                     |  |
| *4.D.4. The provider imposes restricted interventions in accordance with the person's behavior support plan. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | Restricted interventions are utilized only in compliance with DMRS Policy and when addressed in an approved Behavior Support Plan.<br><br>Provider Manual Reference: 2.22. |  |

## Domain 5. Health

## Outcome 5A. The person has the best possible health.

| Indicators   | Results  | Guidance  | Comments |
|--|--|---|----------|
| 5.A.3. The person reports that he/she has been educated about health risks and is supported to develop healthy alternatives (e.g., smoking cessation, routine exercise). | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br>Identified health risks are discussed with the person and/or their family (if appropriate).<br><br>There is evidence that the person is supported in knowing, making decisions about, and accessing health services and equipment. Training and information about personal health maintenance and accessing available health care is provided.   |          |
| *5.A.4. Medical examinations are provided in accordance with TennCare guidelines and other assessments are obtained as recommended or indicated.                         | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | The person is seen by his/her PCP as recommended.<br><br>The provider ensures that each person receives physician services as needed and that each TennCare enrollee has a medical examination, documented in the person's record, in accordance with the following schedule:<br>Age minimum frequency of medical examinations: <ul style="list-style-type: none"> <li>Up to age 21 -- In accordance with TennCare EPSDT standards.</li> <li>21-64 -- Every one (1) to three (3) years, <u>as determined by the person's physician</u>. (Clarification: If there is no</li> </ul> |          |

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|  |  | <p>indication made by the physician, it would be assumed that an annual visit would be made.)</p> <ul style="list-style-type: none"> <li>Over age 65 -- Annually</li> </ul> <p>Dental examinations are completed as recommended, but at least annually. For individuals who are edentulous, the PCP can address gum condition.</p> <p>TD screenings completed every six months for individuals receiving neuroleptic medications;</p> <p>Preventative assessments such as GYN, mammograms and prostate exams are completed as indicated.</p> <p>Provider Manual Reference: 2.19 1); 11.2.c.; 11.2.c. 3); 11.2.d. 3); 11.5.; 11.5.b.; 11.7.a. 6)</p>  |  |
| *5.A.5. Needed health care services and supports are provided. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>Physician's orders are current and carried out as written in a timely manner.</p> <p>All specialized health services needed by the person are accessed in a timely manner.</p> <p>All specialized health related equipment needed by the person is accessed in a timely manner and maintained appropriately on a continuous basis.</p> <p>Ongoing documentation shows the provider's efforts to obtain needed treatments, follow-up and assessments within time frames indicated or needed.</p> <p>Agency documentation systems verify staff implementation of health care related interventions.</p> <p>RN Oversight, provided by the agency</p> |  |

## Day Residential Individual Review Checklist

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|   |  | <p>when the person receives Level of Need 4, 5 or 6 residential services and/or Level of Need 6 day services, is documented per the agency's Healthcare Management and Oversight policy.</p> <p>Provider Manual Reference: 1.6.c.; 11.2.c. 2); 11.2.c. 6);11.2.d.; 11.3.; 11.5.; 13.9.; 14.2.</p>   |  |
| 5.A.6. Health care services and supports are coordinated among providers and family members.  | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>The provider is actively involved in collaborative and coordinated actions to address barriers and concerns related to health care supports and services.</p> <p>All requirements regarding the administration and review of psychotropic medications are followed.</p> <p>Provider Manual Reference: 11.2.d. 9), 17)</p>  |  |
| *5.A.7. Provider staff are knowledgeable about the person's health care needs and are able to identify common health care problems. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>Provider staff have received training specific to the person's health care issues, needs, interventions and programs and are knowledgeable about any responsibilities they have to carry out related activities.</p> <p>Provider Manual Reference: 11.2.d.; 11.9.</p>  |  |
| *5.A.8. Provider staff take actions to address the person's emerging health problems or issues.                                     | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>Upon discovery of any emerging health problems, additional information or changes in health care concern(s):</p> <ul style="list-style-type: none"> <li>• Provider staff obtain the necessary intervention from the applicable health care provider, and</li> <li>• The provider notifies the person's Independent Support Coordinator.</li> </ul> <p>Provider Manual Reference: 11.2.a.; 11.2.c. 8); 11.2.e. 1); 11.12.7.</p> |  |

**Day Residential Individual Review Checklist**

| <b>Outcome 5B. The person takes medications as prescribed.</b>                                  |  |  |                 |
|---|--|--|-----------------|
| <b>Indicators</b>   | <b>Results</b>   | <b>Guidance</b>  | <b>Comments</b> |
| 5.B.1. The person's record adequately reflects all the medications taken by the person.         | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>The person's record contains current physician's orders for each medication (includes prescribed and over the counter).</p> <p>All PRN orders for medications define parameters per DMRS requirements.</p> <p>A medication history is current and updated.</p> <p>Provider Manual Reference: 11.2.c. 4);11.2.c. 5), 6); 11.2.d. 18); 11.6.</p>  |                 |
| *5.B.2. Needed medications are provided and administered in accordance with physician's orders. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>The provider ensures that prescription medications are taken in accordance with the directions of a physician.</p> <p>Ongoing medication refusals are reported to the prescribing practitioner.</p> <p>Medication variances are addressed as required.</p> <p>For persons who self-administer medications, the provider establishes procedures for and monitors the person's self-administration plan.</p> <p>Provider Manual Reference: 11.2.c. 5); 11.2.d. 18); 11.6.b.; 11.6.d.; 11.8.; 18.4.b. 4)</p> |                 |
| *5.B.3. Only appropriately trained staff administer medications.                                | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>All unlicensed direct support staff who administer medications have successfully completed the Medication Administration by Unlicensed Personnel course, as per DMRS medication administration guidelines, and continue to maintain their</p>   |                 |

## Day Residential Individual Review Checklist

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|  |  | <p>approval, per DMRS provider manual.</p> <p>Only a registered nurse may delegate activities related to medication administration. Any medications requiring administration by a nurse are administered only by a nurse.</p> <p>Provider Manual Reference: 11.2.b.; 11.6.; 11.6.d.</p>  |  |
| *5.B.4. Medication administration records are appropriately maintained.                                      | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>Medication administration records are well documented, legible, and accurately reflects DMRS requirements.</p> <p>Documentation of PRN medication includes the reason and result on the MAR.</p> <p>Information related to side effects, such as medication profile sheets, are maintained in the person's record in a place readily accessible to the person administering the medications.</p> <p>Information listed on the MAR matches the prescription label and physician's orders.</p> <p>Provider Manual Reference: 11.2.d. 18); 11.6.c.</p> |  |
| 5.B.5. Storage of medication ensures appropriate access, security, separation, and environmental conditions. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>Medications must be stored securely in a locked container that ensures proper conditions of security, sanitation and prevents accessibility to any unauthorized person. Controlled substances are double locked and accounted for as required.</p> <p>Medications requiring refrigeration must be stored in a locked container within the home's refrigerator or in a separate, locked refrigerator.</p> <p>The medication for the person is stored</p>   |  |

## Day Residential Individual Review Checklist

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|  |  | <p>separately from medications taken by other people.</p> <p>The medication for the person is stored separately from other items including cleaning supplies or other hazardous substances.</p> <p>Medications taken for internal use and externally applied medications are stored separately.</p> <p>All medications are clearly labeled.</p> <p>Each of the person's prescribed medications must have a pharmacy label.</p> <p>Discontinued medications are disposed of according to the agency's approved medication administration policies and procedures.</p> <p>Medications are stored appropriately when they must be transported for administration during community outings.</p> |  |
|--|--|---|--|

### Outcome 5C. The person's dietary and nutritional needs are adequately met.

| Indicators   | Results  | Guidance  | Comments |
|--|--|---|----------|
| *5.C.1. The person is educated about and supported to have good nutrition. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>The person receives education related to special nutritional needs or plans.</p> <p>Provider staff are trained and knowledgeable regarding any special equipment and of dietary recommendations made by qualified professionals and actively support the person to have good nutrition.</p> <p>Dietary guidelines and plans are developed by qualified professionals and implemented as identified by qualified professionals and as identified in the</p> |          |



### Day Residential Individual Review Checklist

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|   |   | <p>person's ISP. This includes the administration of tube feedings.</p> <p>Provider Manual Reference: 11.2.e. 1); 11.13.b.</p>  |  |
| <p>*5.C.2. The person's residence has adequate quantities of nutritious food to meet dietary needs and preferences.</p> | <p><b>Y</b> <input type="checkbox"/></p> <p><b>N</b> <input type="checkbox"/></p> <p><b>NA</b> <input type="checkbox"/></p> <p><b>IJ</b> <input type="checkbox"/></p> | <p>Interview</p> <p>The provider ensures that mealtimes are planned and occur in order to meet the person's dietary needs and preferences.</p> <p>For all persons who have physician prescribed special diets or nutritional supplement orders, the provider ensures that appropriate sample menus and meal preparation instructions are developed for home staff and that home staff are trained regarding the person's special dietary / nutritional needs and how to prepare meals consistent with them.</p> <p>In residential programs, a forty-eight (48) hour supply of food must be maintained at the person's home that is sufficient for meeting the needs, to include any special dietary needs and preferences of the person served.</p> <p>The provider ensures the person served is involved in meal/menu planning.</p> <p>Provider Manual Reference: 11.2.d. 21), 22); 11.13.; 11.13.a.7); 11.13.a.8)</p> |  |

## Domain 6. Choice and Decision Making

### Outcome 6A. The person and family members are involved in decision-making at all levels of the system.

| Indicators   | Results  | Guidance   | Comments |
|--|--|--|----------|
| 6.A.3. The person and family members are given the opportunity to participate in the selection and evaluation of their direct support staff.             | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br>Provider Manual Reference: 9.5.c. |          |
| 6.A.4. The person and family members report they feel free to express their concerns to providers and report that the provider acts upon their concerns. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br>Provider Manual Reference: 2.14.  |          |

### Outcome 6B. The person and family members have information and support to make choices about their lives.

| Indicators   | Results  | Guidance  | Comments |
|--|--|---|----------|
| 6.B.1. The person is supported to communicate choices.   | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br><u>Direct Observation</u><br><br>Provider Manual Reference: 2.4.a. 12) |          |
| 6.B.2. The person makes choices about daily activities (e.g., choosing own videos or TV shows, selecting meals, deciding when to go to bed). | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br><u>Direct Observation</u><br><br>Provider Manual Reference: 2.4.a.     |          |
| 6.B.3. The person makes major life choices (e.g., employment, marriage, housing, and housemate).   | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br><u>Direct Observation</u><br>Provider Manual Reference: 2.4.a.         |          |

**Day Residential Individual Review Checklist**

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| 6.B.4. The person makes choices regarding how to spend his or her own money. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br>Per DMRS Policy P-008-A, the person has control over his/her financial resources to the extent they desire. Support needed to assist the person in managing financial resources is provided<br><br>Provider Manual Reference: 2.4.a.; 6.10.a.-f.; 6.10.f. 8); 9.10. |  |
|--|--|--|--|

## Domain 7. Relationships and Community Membership

| Outcome 7A. The person has relationships with individuals who are not paid to provide support.                  |  |  |          |
|---|--|--|----------|
| Indicators  | Results  | Guidance   | Comments |
| 7.A.1. The person has opportunities for meaningful contact with a broad range of other people in the community. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br>The person visits friends, acquaintances and/or places where he/ she has an opportunity to make friends and acquaintances on a regular basis and according to his/ her preference.<br><br>The person has the means (transportation, money, provider supports) necessary to facilitate meaningful contact with others.<br><br>Provider Manual Reference: 2.4.a. 6); 2.4.a. 15); 2.4.a. 19)   |          |
| 7.A.2. The person has meaningful relationships.   | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br>The person has an active relationship with others (might include family, boyfriend/ girlfriend, neighbors, work mates, people at church or other local establishments).<br><br>The person has friends and acquaintances of his/ her choosing.<br><br>Supports and services identified in the person's ISP related to supporting or developing the person's desired relationships are carried out.<br><br>The person is supported to stay in contact with or reconnect with friends and family |          |

## Day Residential Individual Review Checklist

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|  |  | <p>members when this is the person's desire.</p> <p>The person's direct support staff have received any needed training and are knowledgeable about the person's preferences and how to implement the person's plan for maintaining/developing relationships.</p> <p>The person expresses satisfaction with his/ her relationships with others.</p> <p>The person is satisfied with the support he/ she receives in maintaining and developing relationships.</p> <p>Provider Manual Reference: 2.4.a. 15)</p> |  |
|--|--|--|--|

### Outcome 7B. The person is an active participant in community life rather than just being present.

| Indicators   | Results  | Guidance  | Comments |
|--|--|---|----------|
| 7.B.1. The person routinely participates in a variety of community activities. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p><u>Individual Interview and/or other review activities as indicated</u></p> <p>The person participates in community activities according to his/ her preference.</p> <p>The person has the means (transportation, money, provider supports) necessary to participate in community activities as desired.</p> <p>If the person is unsure of his or her interests, he or she is supported to actively explore a variety of community experiences to assist him/ her with identifying interests.</p> <p>Provider Manual Reference: 2.2.a. 5); 3.17.; 6.10.; 7.2.b.; Introduction 9.c.; 10.4.b.; 10.4.b. 3); Introduction 9.c.</p> |          |

## Day Residential Individual Review Checklist

| 7.B.2. The person networks with other people, groups, and organizations that share his or her interests.  | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | The person's interests have been identified and he/she is actively involved in desired activities that foster networking with others.<br><br>Provider Manual Reference: 2.2.a. 5); 3.1.; Introduction 9.c. 4) |          |
|---|--|---|----------|
| <b>Outcome 7C. The person has a valued role in the community.</b>   |  |   |          |
| Indicators  | Results  | Guidance  | Comments |
| 7.C.1. The person and family members report that the person holds a valued role in the community (e.g., volunteer, blood donor, good neighbor). | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br>The person is satisfied with his or her role in the community.   |          |

## Domain 8. Opportunities for Work

### Outcome 8A. The person has a meaningful job in the community.

This Outcome applies to people who are working in a setting that provides the same opportunities for integration as other employees [examples may include: employment at a community based workplace (including follow- along or supported employment), self-employment if the person has opportunities for integration related to his or her business, participation as a member of an enclave, certain work for the provider agency (including receptionist, custodian, etc.)]

This Outcome is scored NA if the provider is not funded for work services; however, comments may be made to address any voluntary / self-initiative activities in which the provider is involved.

| Indicators   | Results  | Guidance   | Comments |
|--|--|--|----------|
| *8.A.1. The person's work choices are periodically reviewed. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p><u>Individual Interview and/or other review activities as needed</u></p> <p>The person's work status and work choices are reviewed as a part of the provider's monthly review process and whenever needed to address emerging concerns or desires.</p> <p>The person's desire to work and work choices are reviewed as may be indicated by the person, but at least annually by the planning team.</p> <p>Provider Manual Reference: 3.11.a. 1); 3.18.; 10.1.</p> |          |

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| <p>8.A.2. The person chooses where he or she works.</p>   | <p>Y <input type="checkbox"/><br/>N <input type="checkbox"/><br/>NA <input type="checkbox"/><br/>IJ <input type="checkbox"/></p> | <p><u>Individual Interview and/or other review activities as needed to identify evidence that indicates the person was involved in the selection of their current work.</u></p> <p>If the person chooses to consider new work options, he or she is supported to explore a variety of pre-employment or new employment opportunities based on their interests and abilities. This may include participation in Job Clubs, work samples, work experiences prior to employment such as job shadowing and/or trial periods with potential employers, educational classes, visits to a variety of optional work locations, etc.</p> <p>Provider Manual Reference: 10.1.</p> |  |
| <p>8.A.3. The person reports that he/she is satisfied with his/her job.</p>   | <p>Y <input type="checkbox"/><br/>N <input type="checkbox"/><br/>NA <input type="checkbox"/><br/>IJ <input type="checkbox"/></p> | <p><u>Individual Interview and/or other review activities as needed</u></p>   |  |
| <p>*8.A.4. The person works in integrated community settings if he/she prefers.</p>                                 | <p>Y <input type="checkbox"/><br/>N <input type="checkbox"/><br/>NA <input type="checkbox"/><br/>IJ <input type="checkbox"/></p> | <p><u>Individual Interview and/or other review activities as needed to determine if the person's desire for work in an integrated workplace has been supported and acted on.</u></p> <p>Provider Manual Reference: 10.1,, 10.3.a.; 10.3.e; 10.4.a.</p>  |  |
| <p>*8.A.5. The provider ensures that there are supports to promote job success, career changes and advancement.</p> | <p>Y <input type="checkbox"/><br/>N <input type="checkbox"/><br/>NA <input type="checkbox"/><br/>IJ <input type="checkbox"/></p> | <p>Services of the Division of Rehabilitation Services are requested and accessed when the person is eligible for these services.</p> <p>Appropriate accommodations and/or assistive technology needed for the person's work are provided.</p> <p>Initial and/or emerging job related barriers are addressed / resolved.</p>  |  |



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|  |  | <p>The person's job satisfaction is monitored.</p> <p>Providers encourage typical probation and performance appraisal processes within each workplace.</p> <p>The person is not being required to work without compensation (except in upkeep of the person's own living space and of common areas of shared home), including assisting with the care and support of other people receiving services.</p> <p>The person is provided with job training in a manner which best suits the person's needs and abilities in order to enhance their success.</p> <p>The person earns wages commensurate with others in their position.</p> <p>The person is supported to pursue career enhancement opportunities such as more or better hours, better pay, job advancement/changes, benefits, etc.</p> <p>Provider Manual Reference: 10.1.; 10.3.a.; 10.3.e.; 10.4.a. 1); 10.4.a. 8); 10.4.a. 9); 10.6.c.</p> |  |
| 8.A.7. The provider communicates with the employer and other individuals to identify and solve work-related problems and provide supports. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>Documentation reflects contact is made with the person's employer to promote a positive experience for all involved and to identify and resolve any work-related performance issues that may arise, unless the employer or individual objects to contact.</p> <p>Provider Manual Reference: 10.1.; 10.3.a.; 10.3.e.; 10.4.a.; 10.7.</p>  |  |

## Day Residential Individual Review Checklist

### Outcome 8B. The person's day service leads to community employment or meets his or her unique needs.

This Outcome applies to people receiving community- or facility-based day services, including work in a facility-based work setting.

| Indicators   | Results  | Guidance   | Comments |
|--|--|--|----------|
| *8.B.1. The person's day services and their preferences related to work are periodically reviewed. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>The person's day services and their preferences related to work are reviewed as may be indicated by the person and/or the person's ISP.</p> <p>As a part of the monthly review process the provider reviews the day services delivered to the person, the person's progress and response to those services, and notifies the ISC of emerging issues.</p> <p>For people who desire to work in the community, efforts made to support the person in activities that lead to employment are reviewed on at least a monthly basis.</p> <p>Employment is always considered in planning for day services. For those individuals who chose other day services options, the option of employment is reconsidered, at a minimum, during the annual ISP update.</p> <p>Vocational evaluations are completed every three (3) years unless declined by the service recipient and/or legal representative as applicable.</p> <p>Provider Manual Reference: 3.8.; 10.1.; 10.3.; 10.6.c.</p> |          |

## Day Residential Individual Review Checklist

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| <p>*8.B.2. The person has meaningful, age-appropriate day activities for socialization, recreation, and learning.</p> | <p> <b>Y</b> <input type="checkbox"/><br/> <b>N</b> <input type="checkbox"/><br/> <b>NA</b> <input type="checkbox"/><br/> <b>IJ</b> <input type="checkbox"/> </p> | <p>All day services address the person's unique needs, strengths and interests, have an identifiable purpose and assist the person to achieve personal outcomes.</p> <p>The day service provider carries out skill acquisition / maintenance activities.</p> <p>Check list formats may be used to document completion of routine daily activities. Significant accomplishments, unusual events or occurrences, the service recipient's response to day service activities and/or any monitoring activities related to the service recipient's employment-related performance are to be documented in narrative form in the staff notes. Required contacts must be documented in staff notes. Documentation should be relevant and related to the outcomes and action steps specified in the ISP.</p> <p>Services of the Division of Rehabilitation Services are requested and accessed when the person is eligible for these services.</p> <p>Documentation shows that the plans for participating in community based activities are carried out by the day service provider.</p> <p>A monthly schedule of day activities is maintained by the provider for planning purposes.</p> <p>Provider Manual Reference: 6.11.; 8.7.a.; 10.3.; 10.4.b. 1), 7); 10.4.b. 3); 10.6.b.; 10.7.</p> |  |
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## Day Residential Individual Review Checklist

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| <p>8.B.3. The person experiences opportunities to perform volunteer community activities if he or she chooses.</p> | <p> <b>Y</b> <input type="checkbox"/><br/> <b>N</b> <input type="checkbox"/><br/> <b>NA</b> <input type="checkbox"/><br/> <b>IJ</b> <input type="checkbox"/> </p> | <p>Opportunities for volunteer activities are made available for people to choose from.</p> <p>Documentation shows that the plans for participating in volunteer activities are carried out by the day service provider.</p> <p>Provider Manual Reference: 10.4.b.; 10.6.</p> |  |
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## Domain 9. Provider Capabilities and Qualifications

### Outcome 9A. The provider meets and maintains compliance with applicable licensure and Provider Agreement requirements.

| Indicators  | Results  | Guidance   | Comments |
|---|--|--|----------|
| 9.A.3. The provider maintains appropriate records relating to the person. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>The provider complies with appropriate DMRS requirements related to service recipient records.</p> <p>Provider Manual Reference: Chapter 8.</p> |          |

### Outcome 9B. Provider staff are trained and meet job specific qualifications.

| Indicators  | Results  | Guidance   | Comments |
|---|--|--|----------|
| 9.B.1. The person and family members report that provider staff competently provides quality services and supports. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p><u>Individual Interview and/or other review activities as needed.</u></p> |          |

### Outcome 9C. Provider staff are adequately supported.

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| 9.C.1. Provider staff report that supervisory staff are responsive to their concerns and provide assistance and support when needed. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p><u>Staff Interview and/or other review activities as needed.</u></p> <p>Provider Manual Reference: 6.6.f.</p> |  |
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**Domain 10. Administrative Authority and Financial Accountability****Outcome 10A. Providers are accountable for DMRS requirements related to the services and supports that they provide.**

| Indicators  | Results  | Guidance   | Comments |
|---|--|--|----------|
| *10.A.1. The agency provides and bills for services in accordance with DMRS requirements. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Review of documentation and billing</u><br><br>Provider Manual Reference: 20.6.b. |          |

**Outcome 10B. People's personal funds are managed appropriately.**

| Indicators  | Results  | Guidance  | Comments |
|---|--|---|----------|
| *10.B.1. The provider manages personal funds in accordance with DMRS Policy P-008-A and DMRS provider manual. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>The provider as representative payee ensures that the person's money is used first to meet his/her current needs for foods, shelter, medical care not covered by TennCare/Medicaid, Medicare or private insurance and other items for the person's personal comfort and then if there is money left over after providing for these basic needs, the money may be spent on things that improve the person's daily living conditions.</p> <p>The provider as representative payee:</p> <ul style="list-style-type: none"> <li>▪ keeps up with the person's income, expenses and resources;</li> <li>▪ maintains receipts except as indicated by Policy P-008-A; and</li> <li>▪ if the person is likely to go over the \$2000 resource limit, begins making plans to spend the extra on allowable expenses for the person.</li> </ul> |          |

## Day Residential Individual Review Checklist

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|  |  | <p>The provider does not charge a funds management fee for providing Rep Payee service.</p> <p>The person and his or her legal representative give prior approval before incurring debt to the provider. This issue must be addressed to resolution during the developmental center or community transition process.</p> <p>The provider accounts for all personal funds to include timely updating of personal funds or personal allowance ledgers (i.e., on the day of the occurrence or the following morning) to indicate funds provided to the individual by others, including dated signatures of the individuals who supplied the funds.</p> <p>Personal allowances kept in the home are maintained separately and not treated as household petty cash. If kept in a single locked box, the personal allowances are kept in separate labeled envelopes within the box, with separate records including beginning and ending balances for each month and description of any expenditures (with supporting receipts for expenditures of \$5.00 or more).</p> <p>Personal allowance transactions are posted to the personal allowance account in a timely manner (i.e., on the day of the occurrence or, for late evening transactions, the following morning).</p> <p>Personal allowance accounts are reconciled monthly.</p> <p>Receipts are maintained for all expenditures of \$5.00 or more for purchases made by provider staff using the person's personal allowances.</p> |  |
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## Day Residential Individual Review Checklist

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|  |  | <p>Appropriate documentation is maintained for all purchases of less than \$5.00. Note that receipts are not required for expenditures of less than \$5.00 for routine recreational activities such as movie tickets and refreshments or arcade change.</p> <p>If personal allowances are used for group purchases, the provider charges each person a prorated amount consistent with usage or consumption. Note: If the group purchase is \$15.00 or less, the provider may divide the total cost equally among the purchasing parties.</p> <p>For persons receiving MR Housing subsidies, their personal funds' records show that the subsidy is used for the person's housing expenses.</p> <p>There is timely reimbursement (not to exceed 30 days) to the person following identification of a financial loss to the person caused by the action or inaction of the provider, or the provider's employee., representative or subcontractor, including but not limited to:</p> <ul style="list-style-type: none"> <li>▪ loss of Social Security funds due to the provider's negligence in allowing countable assets to exceed the countable asset limit;</li> <li>▪ payment of bank fees for insufficient funds that result from provider negligence;</li> <li>▪ late payment penalties to utility companies;</li> <li>▪ loss of funds due to theft or misappropriation by the provider or its employees, representatives or subcontractors; and</li> <li>▪ payment of expenses which do not directly benefit the person.</li> </ul> |  |
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## Day Residential Individual Review Checklist

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|  |  | <p>Providers reimburse persons for long distance telephone calls made from the home and other utility expenses that are attributable to agency administrative use.</p> <p>The provider maintains the person's bank account, documents monthly reconciliation of bank statements, checks and deposits and prevents negative balances.</p> <p>The provider maintains a separate bank account for all income for a person, if so specified in the ISP.</p> <p>The provider maintains a separate joint bank account for all income for two persons who are legally married, if so specified in the ISPs.</p> <p>For a person receiving Residential Habilitation or Medical Residential Services (when the environment is licensed as a Residential Habilitation facility), personal funds are not used for restitution purposes when damages are caused by the person unless recommended by a Human Rights Committee and unless specified in the ISP. The ISP is amended to include a payment schedule that ensures the person continues to have a sufficient personal allowance to support therapeutic goals and objectives specified in the ISP.</p> <p>Personal funds are not borrowed by the provider, staff or other persons.</p> <p>A person's personal funds are not used for staff benefit (e.g., purchasing premium cable channels for staff entertainment or purchasing tickets for staff attendance to activities or events selected based on</p> |  |
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## Day Residential Individual Review Checklist

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|  |  | <p>staff preference rather than personal preference).</p> <p>A person's personal funds are not used for the benefit of the provider such as using personal funds to pay for maintenance or repair of property such as buildings, building grounds, equipment, or appliances owned by the provider, for telephone charges other than those attributed to the person's prorated share of basic phone service and the individual's personal phone use, or for office space (as per policy) intended for provider use.</p> <p>A person's personal funds are not used for the benefit of another person, except in the case of two persons who are married and who have chosen to share expenses as specified in their ISPs, or when the person desires to purchase a gift for a relative or friend for a special occasion (e.g., Christmas, Mother's Day, a birthday).</p> <p>A person's personal funds are not used for any medical supplies, services or equipment covered by TennCare/Medicaid, Medicare or other health insurance.</p> <p>A person's personal funds are not given or withheld for the purpose of rewarding or punishing the person unless specifically recommended by a Human Rights Committee and specified in the ISP.</p> <p>A person is not required to purchase home liability insurance as a condition of receiving services.</p> <p>For persons receiving Supported Living</p> |  |
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## Day Residential Individual Review Checklist

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|  |  | <p>Services, rents and leases do not exceed the fair market value for other similarly situated properties in the same general location.</p> <p>The terms of rental or lease agreements do not exceed one year unless so specified in the ISP and unless written authorization has been obtained from the DMRS Office of Community and Facility Services.</p> <p>Leases provide for a sixty (60) day notice to the person prior to termination of the lease agreement or increase in the rent or lease amount. Month-to-month rental or lease agreements are approved by the DMRS Regional Office and only for short term transition issues and not on an ongoing basis.</p> <p>For persons receiving Residential Habilitation or Medical Residential Services, if the person's total income (e.g., Supplemental Security Income (SSI) benefits plus earned income plus railroad retirement benefits, but excluding food stamps) is equal to or more than the maximum SSI benefit for the applicable year, the person is not charged for room and board more than 80% of the maximum SSI benefit. Note that this is also applicable when the person resides in a HUD home.</p> <p>If the person's total income as defined above is less than the maximum SSI benefit for the applicable year, the person is not charged for room and board payment more than 80% of total income. Note that this is also applicable when the person resides in a HUD home.</p> <p>For persons receiving Family Model</p> |  |
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## Day Residential Individual Review Checklist

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|  |  | <p>Residential Services, if the person's total income as defined above is equal to or more than the maximum SSI benefit for the applicable year, the person is not charged for room and board more than 70% of the maximum SSI benefit.</p> <p>If the person's total income as defined above is less than the maximum SSI benefit for the applicable year, the person is not charged for room and board more than 70% of total income.</p> <p>If the person receives food stamps, the provider maintains receipts to document that the person's food stamps were used to purchase food for the individual.</p> <p>The provider inventories and appropriately accounts for all personal funds and personal property in accordance with the following:</p> <ul style="list-style-type: none"> <li>▪ initial inventories of personal property are compiled as of the date the provider began providing services;</li> <li>▪ non-consumable items valued at \$50.00 or more are included / added in the personal property inventory;</li> <li>▪ non-consumable items valued at less than \$50.00 are added to the personal property inventory if this is requested by the individual or conservator;</li> <li>▪ inventories of personal property are updated in a timely manner (i.e., on the day of the occurrence or the following morning) to indicate personal property removed from or brought into the home, as described above, and include dated signatures of the persons who supplied or</li> </ul> |  |
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# **Day Residential Individual Review Checklist**

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|  |  | <p>disposed of the personal property.</p> <p>The provider notifies the ISC or case manager of changes in the person's personal funds that would require a revision of the ISP or that would affect implementation of actions required to meet the goals and objectives specified in the ISP.</p> <p>Provider Manual Reference: 1.5.f.; 6.; 6.10.; 9.4.c.; 9.10.; 9.13.; 9.2.c.; 9.3.c.; 9.5.d.</p> <p>Other Reference: DMRS Policy P-008-A, approved 11/30/06</p> |  |
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